Adams County Affirmative Action Voluntary Self Identification Form

Adams County is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) applicants are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Personnel Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation. Section 1 General Applicant Information Name: _____ Date: Position applied for: Date of Birth:_____ Section 2 Please check all that apply **Ethnicity** Gender Hispanic/Latino Male Not Hispanic/Latino Female **Veteran Status Race African American or African Vietnam Era Veteran American Indian or Alaskan Native Special Disabled Veteran Other protected Veteran Asian Native Hawaiian or other Pacific Islander Recently Separated Veteran Armed Forces Service Medal White More than one race Primary Language _____ Individual with Disabilities** Accommodations needed I do not wish to Self-Identify How did you hear of our current opening? _____

** These two categories only need to be answered if specifically recruiting for applicants in those categories.

ADAMS COUNTY

Adams County Personnel Department 400 Main Street, PO Box 48 Friendship, WI 53934 Phone: (608) 339-4547 Fax: (608) 339-4509

Web Page: www.co.adams.wi.gov

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

For Office Use Only

<u>IMPORTANT INSTRUCTIONS:</u> This application must be received in the Personnel Department the deadline date to be considered. Please fill out the application completely. You may choose to attach a resume as a supplement. However, please do not enter "See Resume" when completing this document. A separate application must be submitted for each position for which you are applying. Thank you for your interest in Adams County employment opportunities.

	To John I	r r					
Name:			Home Phone: ()				
(Last) (First)	(Middle))	Cell Phone: ()				
Address:			Business Phone: ()				
(Street)	(Apt #)		May we contact you at this #? Yes No				
			E-mail Address:				
(City) (State)	(Zip Co	ode)					
Title of Position Applying for:							
☐ Full Time ☐ Part Time ☐ On-Call.	/ Relief Hours	Temporar	ary/Limited Term employment (LTE)				
Are you legally eligible for employment in the United Sta	ites? Yes	□No	When will you be available for employment?				
Are you at least 18 years of age?	☐ Yes [□No					
Have you ever been employed by Adams County? If yes; when, in what position, and in what Department?	☐ Yes [□ No					
List any relatives employed by Adams County or serving as elected or appointed officials of Adams County:							
Adams County may prohibit employment of an individual if he/sh	ne would be directly super	rvising or recei	eiving direct supervision from a family member.				
Do you possess a valid Driver's License?	□Yes	□No					
Do you posses a valid Commercial Driver's License?	□Yes	□No Ty	Type:				
Do you possess a Health Field License?	□Yes	□No Ty	Гуре:				
LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS: IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN WISCONSIN AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION AND NUMBER:							
Have you ever been convicted of an ordinance violation, r	nisdemeanor, or felon	ıy?	Yes No If yes, please explain:				
Are there any ordinance, felony or misdemeanor violation	charges presently pen	nding against y	t you? Yes No If yes, please explain:				
Have you ever had a traffic violation or are any pending a If yes, please explain:	gainst you (including s	speeding viola	olations, seatbelt violations, etc.) Yes No				
NOTE: Any affirmative responses above do not constitutes a circumstances of the particular position. All position			ill be considered only if there is a substantial relationship to the attom to evaluate circumstances of the offense.				

2

SPECIAL SKILLS:						
Typing Speed	_ WPM					
List all computer softwa	re which you can operate sk	cillfully:				
EDUCATION:						
Did you graduate from I	High School? Yes	No Name/	Location of Sch	nool:		
If "No", have you passed	d a High School Equivalenc	y or GED Test		_		
				nd Date of Test:		
					ner schools you have attended	1
College, University or S Location	cnool – Name and	Date Attende (Month/Year From			Type of Degree (If Rec'd)	GPA
			Yes			
			☐ No			
			Yes			
			☐ No			
			Yes			
			☐ No			
			Yes			
			□ No			<u> </u>
service training. Please		ich is not cove	red above; sucr	as vocational school, corres	spondence courses, service sc	noois, in-
	1					
					self-employment, military ser	
					if they are related to the posi under the same employer as a	
				completed regardless if you		rseparate
From (Month & Year)	Title of position held:			PRIMARY DUTIES:		
Trom (monum ex rear)	Thus or position notes			TRIMART DUTES.		
To (Month & Year)	Employer's Name (Company	y Name) Pho	one No.			
Hours Each Week:	Street Address:					
City, State, Zip:						
Full Time Name and Title of Supervisor						
Part Time Temp						
Starting Salary	Name and Title of Next High	ner Supervisor				
Last Salary	No. of employees you	Were you in	voluntarily			
Lust Salary	supervised:	discharged?	vorumanny			
		☐ Yes ☐] No			
May we contact this employ				Reason for Leaving or Consid	dering Change:	
	l Yes □ No					

From (Month & Year)	Title of position held:			PRIMARY DUTIES:
To (Month & Year)	Employer's Name (Company N	Name)	Phone No.	
Hours Each Week:	Street Address:			
City, State, Zip:				
Full Time	Name and Title of Supervisor			
Part Time Temp				
Starting Salary	Name and Title of Next Higher	r Supervis	sor	7
Last Salary	No. of employees you supervised:		ou involuntarily	
	supervised:	discharg		
May we contact this employ	uer)	Yes	□ No	Reason for Leaving or Considering Change:
	Yes No			Reason for Leaving of Considering Change.
	ies 🔲 No			
From (Month & Year)	Title of position held:			PRIMARY DUTIES:
Trom (monum & real)	Time of position netal			TRIMARI DUTIES.
To (Month & Year)	Employer's Name (Company N	Name)	Phone No.	\dashv
Hours Each Week:	Street Address:			
	City, State, Zip:			
Full Time	Name and Title of Supervisor			7
Part Time Temp				
Starting Salary Name and Title of Next Higher Supervisor			7	
Last Salary	No. of employees you Were you involuntarily		ou involuntarily	
	supervised: discharged?			
☐ Yes ☐ No				
May we contact this employer?				Reason for Leaving or Considering Change:
L	Yes No			
From (Month & Year)	Tid. of a cid. a bold.			DDIA A DAY DAYGUEG
From (Month & Year)	Title of position held:			PRIMARY DUTIES:
T- (M	E12- N (C	VI)	Disama Na	
To (Month & Year)	Employer's Name (Company N	vame)	Phone No.	
Hours Each Week:	Hours Each Week: Street Address:			
City, State, Zip:				
Full Time Name and Title of Supervisor			7	
Part Time Temp				
Starting Salary	Name and Title of Next Higher Supervisor			7
Last Salary	No. of employees you		ou involuntarily	7
	supervised:	discharg	ged?	
		☐ Yes	☐ No	
May we contact this employ	/er?			Reason for Leaving or Considering Change:
	Yes No			

USE A SEPARATE SHEET TO CONTINUE WITH ADDITIONAL QUALIFYING EMPLOYMENT DATA, USING SAME FORMAT AS ABOVE.

Have you ever been suspended/discharged from any position? Ye f yes, please explain:	
	REFERENCES
	No. of years acquainted
Address	
Position/Title/Profession	
Telephone number	
Name	No. of years acquainted
Address	
City/State/Zip	
Position/Title/Profession	
Telephone number	
Name	No. of years acquainted
City/State/Zip	
Position/Title/Profession	
Telephone number	
Name	No. of years acquainted
Address	
City/State/Zip	
Position/Title/Profession	
Telephone number	
	No. of years acquainted
Address	
City/State/Zip	
Position/Title/Profession	
Telephone number	
Name	No. of years acquainted
Address	
City/State/Zip	
Position/Title/Profession	
Telephone number	

5

AUTHORIZATION AND CERTIFICATION

READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I authorize any person contacted to provide Adams County any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not be limited to: Application of employment; performance evaluations; work records; wage rates; supervisor' comments; results of any and all tests' disciplinary reports or letters; and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by Adams County to request employment records from my present and/or former employer(s). I release and hold harmless Adams County, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the providing of this information.

I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with Adams County. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by Adams County, and consent to the release of the test results to Adams County. I hereby release and hold harmless Adams County, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

I authorize Adams County, its officers, agents and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless Adams County, their officers, agents, and employees, and the person(s) providing the information, from any liability related to the performance or result of this check.

If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand that Adams County maintains a drug-free and violence-free workplace.

Applicant's Signature	- Date	
I understand Adams County will not reimburse me for interview or re-locatio responsibility.	n expenses. All expenses snall be applicant s	

If you need reasonable accommodation anytime during this application process, please notify the Adams County Personnel Department.

Adams County is committed to the equality of opportunity for all people. It is the policy of Adams County to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful product off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.